


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90290 027 \*\*\*150.00

**DOCUMENT #** P96000064127

**1. Entity Name**  
BND TITLE SERVICES, INC.



**Principal Place of Business**  
10240 SW 56TH ST  
SUITE 108  
MIAMI FL 33165  
US

**Mailing Address**  
10240 SW 56TH ST  
SUITE 108  
MIAMI FL 33165  
US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 65-0684642

Applied For ☐ Not Applicable ☐

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ROJAS, BARBARA N  
10240 SW 56TH ST  
SUITE 108  
MIAMI FL 33165

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DPS	<input type="checkbox"/> Delete
<b>NAME</b>	ROJAS, BARBARA N	
<b>STREET ADDRESS</b>	10240 MILLER DRIVE #108	
<b>CITY - ST - ZIP</b>	MIAMI FL 33165	
<b>TITLE</b>	VP	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	ROJAS, FRANK R	
<b>STREET ADDRESS</b>	10240 MILLER DRIVE #108	
<b>CITY - ST - ZIP</b>	MIAMI FL 33165	
<b>TITLE</b>	T	<input type="checkbox"/> Delete
<b>NAME</b>	ROJAS, MICHAEL A	
<b>STREET ADDRESS</b>	10240 MILLER DRIVE #108	
<b>CITY - ST - ZIP</b>	MIAMI FL 33165	
<b>TITLE</b>	VP	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	CASTELLANOS, LINDA	
<b>STREET ADDRESS</b>	10240 MILLER DR. #108	
<b>CITY - ST - ZIP</b>	MIAMI FL 33165	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ROJAS, MICHAEL	
<b>STREET ADDRESS</b>	10240 MILLER DR. #108	
<b>CITY - ST - ZIP</b>	MIAMI, FL. 33165	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED BARBARA N. ROJAS 1/6/02 305-271-0417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)